

## Come enjoy our Summer Camp Program!

Welcome to SRLA's Summer Camp, Summer Fun! We have been planning many new and exciting activities, and we cannot wait to begin!

- Camp is held Monday-Friday 8:00 am-5:00 pm.
  - Weekly Pricing: \$500 per week
  - Register for all 4 weeks : \$1800
  - \$250 per week for a Counselor in Training (10+ or going into fifth grade)
  - Register for all 4 weeks : \$900
- **Payment is due upon registration. Registration due by May 15th. NO refunds after June 1st.**
- Campers must be entering Pre-K 3 (and potty-trained!) through fourth grade
- Campers must come dressed in their bathing suits (underneath clothing), wear sunscreen, and have water shoes or flip flops
- Campers must bring: a beach towel, additional sunscreen, a change of clothes, a **NUT FREE** snack and lunch, and a reusable water bottle each day

**Week 1:** June 15th- June 19th

**Week 2:** June 22nd- June 26th

**Week 3:** June 29th- July 3rd

**Week 4:** July 6th- July 10th

[Registration form can also be found on our website](#)

Please indicate the weeks you plan to have your child attend this summer! Should you have any additional questions feel free to contact me at:

aperkins@srlacademy.org

Thank you,

Allyson Perkins

**St. Rose of Lima Academy Day Camp**

**52 Short Hills Avenue, Short Hills, NJ 07078**

**Registration Form**

Please return the registration form and pick-up information.

Student Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any special medical conditions? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**T-SHIRT SIZE: \_\_\_\_\_**

Week(s) attending: \_\_\_\_\_

The following people have permission to pick-up your child. We will only release children to the following people.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_